



\$10.00 Non-refundable Fee

State of Washington
Application for a Water Right

RECEIVED

For Ecology Use

Fee Paid _____

Date _____

Please follow the attached instructions to avoid unnecessary delays.

Washington State

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name RICHARD AND JOLAN DURRAH Home Tel: (360) 795 - 3694
Mailing Address 1140 West SR4 Work Tel: () -
City CATHLAMET State WA Zip+4 98612 +9635 FAX: () -

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name STEPHEN L WOZNY, Attorney Home Tel: () -
Mailing Address 3151 Ocean Beach Hwy Work Tel: (360) 578 - 9028
City Longview State WA Zip+4 98632 + FAX: (360) 578 - 1929
Relationship to applicant Attorney for

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than All (☐ gallons per minute or
☐ cubic feet per second) from a ☒ surface water source or ☐ ground water source (check only one) for the purpose(s)
of Domestic, Irrigation, Animal. ATTACH A "LEGAL"

DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not
sufficient. See attached Water Rights Claims

Estimate a maximum annual quantity to be used in acre-foot per year: Unknown - Depends on wet year or Dry year

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From / / to / /

Section 4. WATER SOURCE

If SURFACE WATER	If GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: <u>unnamed 2 springs into 2 streams converge into 1</u>	A permit is desired for _____ well(s).
Number of diversions: <u>unnamed stream</u>	
Source flows into (name of body of water): <u>Columbia River</u>	Size & depth of well(s):

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: Approximately 1200 ft South of the 9/10/15/16 section corner and Approx 1200ft West of the 9/10/15/16 section corner

1/4 of	1/4 of	Section	Township	Range (E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
NW	NE	16	9N	6W WA	WAHKIAKUM			

For Ecology Use Date Received: 7/23/01 Priority Date: 7/23/01
SEPA: Exempt/Not Exempt FERC License # _____ Dept. Of Health # _____
Date Accepted As Complete 7/30/01 By SC Date Returned _____ By _____ WRIA: 25

Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: _____

B. Briefly describe your proposed water system. (See instructions.)

Riparian Stream
Springs fed, passing thru applicants property, streams merge
just to north of applicant's property and flows thru Applicants property
water for springs & stream used since at least 1949 (applicant's personal
memory) and before for Domestic, irrigation, and animal watering purposes.
No other person has use this source of water. Collection, Box pipe, sediment
tank

C. Do you already have any water rights or claims associated with this property or system?
PROVIDE DOCUMENTATION.

☒ YES ☐ NO

Section 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

A. Number of "connections" requested: _____ Type of connection _____
(Homes, Apartment, Recreational, etc.)

B. Are you within the area of an approved water system? ☐ YES ☐ NO
If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your
County Health Department.

Complete C. and D. only if the proposed water system will have fifteen or more connections.

C. Do you have a current water system plan approved by the
Washington State Department of Health? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

D. Do you have an approved conservation plan? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Completed for all irrigation and agriculture uses.)

A. Total number of acres to be irrigated: 1/2 - 1

B. List total number of acres for other specified agricultural uses:

Use Garden Acres 1/2 - 1

Use _____ Acres _____

Use _____ Acres _____

C. Total number of acres to be covered by this application: 1

D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)

Add up the acreage in which you have a controlling interest, including only:

‡ Acreage irrigated under water rights acquired after December 8, 1977;

‡ Acreage proposed to be irrigated under this application;

‡ Acreage proposed to be irrigated under other pending application(s).

1. Is the combined acreage greater than 2000 acres?

☐ YES ☒ NO

2. Do you have a controlling interest in a Family Farm Development Permit?

☐ YES ☒ NO

If yes, enter permit no.: _____

E. Farm uses:

Stockwater - Total # of animals 50 - 100 Animal Type Birds (If dairy cattle, see below)

Dairy - # Milking _____ # Non-milking _____

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☒ YES ☐ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology. *NA*

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

*Call Richard or Jolan Darrach 760 795 3694 or
Stephen L. Wozny, Attorney 360 578 9028
for Directions.*

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used?

☒ YES ☐ NO

If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

B. Does the applicant own the land on which the water source is located?

☐ YES ☒ NO

If no, submit a copy of agreement:

Copy of Complaint & Lis Pendens.

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

*Richard and Jolan Darrach by their
attorney Stephen L. Wozny*

Applicant (or authorized representative)

Date

17 July 2001

*Richard and Jolan Darrach by their
attorney Stephen L. Wozny*

Landowner for place of use (if same as applicant, write "same")

Date

17 July 2001

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
_____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ _____ (date).	

Ecology staff _____ Date _____

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).